

CARUSO EXHIBIT D

Payroll Details

Employee Information		Payroll Period		Tax Withholding	
First Name:	Last Name:	Start Date:	End Date:	State:	Zip:

Pay Frequency: Semi-monthly

Employee: Fenderston, Vanessa D Regular	0.00	SSN: XXX-XX-XXXX	FED SOCSEC FED MEDICARE MEDCARE NY SIT NY PFL	51.67 12.00 5.34 3.10	2.00 2.00
					51.66 12.00 6.00 34.16 102.90

Check Date: 05/15/2024 / Direct Deposit / Savings / Account No: XXX-XXX-XXXX-\$379.27

Check Date: 05/31/2024 / Direct Deposit / Savings / Account No: XXX-XXX-XXXX-\$379.27

Pay Frequency Totals: Semi-monthly

Employee: Ryan, Maria R Regular	0.00	SSN: XXX-XX-XXXX	FED FIT FED SOCSEC MEDCARE NY SIT NY PFL	869.34 620.00 145.00 523.20 37.30	2.00 2.00
					820.00 145.00 765.00

Check Date: 05/15/2024 / Direct Deposit / Checking / Account No: XXX-XXX-XXXX-\$3,901.28

Check Date: 05/31/2024 / Direct Deposit / Checking / Account No: XXX-XXX-XXXX-\$3,901.28

Pay Frequency Totals: Semi-monthly

Regular	0.00	SSN: XXX-XX-XXXX	FED FIT FED SOCSEC MEDCARE NY SIT NY PFL	869.34 8671.67 157.09 5228.54 340.40	2.00 2.00
					8671.66 157.08 55.00 34.16 867.90

Total Employees - Semi-monthly: 2

Company Totals:	0.00	SSN: XXX-XX-XXXX	FED FIT FED SOCSEC MEDCARE NY SIT NY PFL	869.34 8671.67 157.09 5228.54 340.40	2.00 2.00
					8671.66 157.08 55.00 34.16 867.90

Total Employees - Company: 2